

# FAMILY PLANNING MEDICAL ASSISTANCE

## MEDICAID'S EXPANDED FAMILY PLANNING BENEFIT PROVIDER BILLING MANUAL

JUNE 24, 2013

NEW HAMPSHIRE  
MEDICAID



## Table of Contents

<b>1. NH FAMILY PLANNING MEDICAL ASSISTANCE PROGRAM OVERVIEW .....</b>	<b>2</b>
Intended Audience .....	2
Provider Accountability .....	2
<b>2. PROVIDER PARTICIPATION &amp; ONGOING RESPONSIBILITIES .....</b>	<b>2</b>
<b>3. FAMILY PLANNING MEDICAL ASSISTANCE COVERED SERVICES .....</b>	<b>3</b>
<b>4. FAMILY PLANNING MEDICAL ASSISTANCE NON-COVERED SERVICES .....</b>	<b>4</b>
<b>5. DOCUMENTATION.....</b>	<b>4</b>
<b>6. SURVEILLANCE AND UTILIZATION REVIEW (SURS) – PROGRAM INTEGRITY .....</b>	<b>4</b>
<b>7. THIRD PARTY COVERAGE.....</b>	<b>5</b>
<b>8. PAYMENT POLICIES .....</b>	<b>6</b>
<b>9. CLAIMS.....</b>	<b>7</b>
Timely Filing.....	7
Diagnosis & Procedure Codes.....	8
Required Claim Attachments .....	8
Claim Completions Requirements for Family Planning Medical Assistance Program .....	9
 <b>ATTACHMENTS</b>	
<b>Attachment 1-Sterilization Consent Form.....</b>	<b>10</b>
<b>Attachment 2-List of V25 Diagnosis Codes.....</b>	<b>12</b>
<b>Attachment 3-List of Procedure Codes .....</b>	<b>13</b>

## **1. NH Family Planning Medical Assistance Program Overview**

New Hampshire's Family Planning Medical Assistance Program is a limited set of family planning benefits available to a new Medicaid eligibility group through the enactment of the Affordable Care Act. States now have the option to offer, under State Plan authority, eligibility for family planning coverage for individuals who were previously ineligible for Medicaid. Individuals eligible under the new family planning group are individuals; men, and women who are not pregnant; whose income does not exceed 185% FPL.

This Family Planning Medical Assistance provider billing manual is meant to be used as a guide to identify which services and supplies are covered and non-covered, as well as how to accurately bill for those services and supplies. Presently, this is a manual process and only paper claims will be processed and paid.

### **Intended Audience**

This billing manual is intended for only Family Planning Service Providers that are participating in the Family Planning Medical Assistance program. This billing manual is not designed for use by recipients of the Medicaid Family Planning Medical Assistance Program.

### **Provider Accountability**

Providers should maintain this billing manual, make it available to their staff and authorized billing agents, and be aware of all related policies and procedures, as well as, any changes that relate directly or indirectly to the provision of services and the billing of services for members.

## **2. Provider Participation & Ongoing Responsibilities**

All Family Planning Service Providers participating in the Family Planning Medical Assistance program shall:

1. Be an enrolled provider with the NH Medicaid fiscal agent (Xerox);
2. Have a limited retail drug distribution license and be a Public Health Clinic able to dispense contraceptives and/or other prescribed drugs or the ability to dispense drugs for immediate use;

3. Submit request for payment for services and supplies manually on a paper claim form;
4. Submit a completed and signed Sterilization Consent Form to the Office of Medicaid Business and Policy if a sterilization procedure is scheduled. This must be done before payment is authorized;
5. Family Planning providers that refer clients to specialists must:
  - Ensure that the specialist is NH Medicaid enrolled with fiscal agent;
  - Communicate with and train the specialist billing agent in the Department's manual paper claims process;

### 3. Family Planning Medical Assistance Covered Services

The Family Planning services and supplies covered by this program are limited to those for which the **primary purpose is to receive family planning**. This program does not cover other services including Emergency Department visits and other primary care services.

Family Planning related services and supplies are services and supplies provided as part of or as follow-up to a family planning visit. Such services and supplies are provided because a family planning-related medical issue was identified and/or diagnosed during a routine or periodic family planning visit.

#### **Covered Family Planning Services and Supplies include:**

- Physician services, certified midwife services, and advanced registered nurse practitioner services provided for family planning purposes;
- Contraceptive devices or drugs, both prescription and non-prescription;
- Pregnancy tests and screening for a sexually transmitted disease (STD) only when performed routinely as part of an initial, regular, or follow-up family planning visit;
- Sterilization in accordance with 42 CFR 441.253 and 42 CFR 441.245. Recipient must be at least 21 at the time consent is obtained, not mentally incompetent, not institutionalized, and shall voluntarily give informed consent. At least 30 days, but not more than 180 days, shall have passed between the date of informed consent and the date of sterilization, with the exception of cases of premature delivery or emergency abdominal surgery which requires a 72 hour time period. A consent form is required and must be completed in accordance with the time frames noted on the form (Attachment 1).

#### **Family Planning Related Services and Supplies include:**

- Treatment of adverse reactions to, or medical complication of, family planning procedures, services, treatments, or therapies, including but not limited to:
  - Treatment of perforated uterus due to an intrauterine device insertion; and
  - Treatment of severe menstrual bleeding caused by Depo-Provera injections

- Drugs for treatment of STDs, except for HIV/AIDS and hepatitis, when the STD is identified or diagnosed during a routine or periodic family planning visit;
- A follow-up visit after prescribing drugs for treatment of an STD, including a rescreen for the STD;
- Vaccinations to prevent cervical cancer that are routinely provided pursuant to a family planning service during a family planning visit.

## **4. Family Planning Medical Assistance Non-Covered Services**

**The following services are not covered as family planning related services:**

- Hysterectomies
- Abortions
- Any treatment for the purpose of enhancing, promoting or restoring fertility
- Certain diagnostic procedures such as colposcopy and cryotherapy
- Any medical service, procedure, or pharmaceutical supply or device provided to a recipient who is known to be pregnant.

## **5. Documentation**

Family Planning Service Providers that are participating in this program shall maintain complete and timely records for each member receiving services and for which a claim has been submitted to NH Medicaid for reimbursement.

Providers must maintain clinical records to support claims submitted for reimbursement for a period of at least six years from the date of service or until resolution of any legal action(s) commenced in the six year period, whichever is longer.

## **6. Surveillance and Utilization Review (SURS) – Program Integrity**

The purpose of a Medicaid Surveillance and Utilization Review (SURS) program which, in NH, is administered by the Department's Program Integrity Unit is to perform utilization review activities to identify, prevent, detect, and correct potential occurrences of fraud, waste and abuse. Utilization review activities are required and carried out in accordance with Federal regulations at 42 CFR 455 and 42 CFR 456, and are done to ensure that accurate and proper reimbursement has been made for care, services and/or supplies that have been provided to a member, and for which a provider has received payment.

Utilization review activities may be conducted prior to payment, following payment, or both. These activities include, but are not limited to, conducting provider reviews. These reviews may

be selected at random, generated from member complaints, other providers, anonymous calls, or from the SURS reporting system.

There are various outcomes that may result from Program Integrity review activities. They include, but are not limited to:

- Recovery of erroneous and improper provider payments;
- Provider education regarding appropriate documentation to support the submission and payment of claims,
- Ensuring that the provider has developed a corrective action plan based on the findings of the review. This includes conducting follow-up reviews to verify that the provider is complying with the corrective action plan, and continues to provide and bill for services provided to members, in accordance with the rules and regulations governing the NH Medicaid Program;
- Potential referral to appropriate legal authorities – including the NH Medicaid Fraud Control Unit (MFCU) and the Federal Office of Inspector General (OIG);
- Potential termination from the NH Medicaid Program; and
- Other administrative actions

If a provider is found to have abused the NH Medicaid Program requirements, the provider may be restricted, through suspension or otherwise, from participating in the NH Medicaid Program for a reasonable period of time. In addition, the provider may also have their claims placed on a prepayment plan or hold status for additional review by the Program Integrity Unit.

## 7. Third Party Coverage

Under federal law, the Medicaid Program is the *payer of last resort*. All third party obligations must be exhausted before claims can be submitted to Office of Medicaid Business and Policy in accordance with 42 CFR 433.139, except for Good Cause exemptions.

Receipt of Family Planning medical assistance is an automatic assignment to DHHS of the applicant's rights to all third party insurance or medical payments without the individual having to sign any other form, per RSA 167:14-a. Because all available parties must be billed and all resulting payments must be applied to the cost of medical care before DHHS will pay. DFA Form 800FP asks for other medical insurance information, however, 42 CFR 433.147 mandates that states must waive these requirements if it is determined that the individual has good cause for refusing to cooperate in providing the third-party information. If cooperation is against the best interests of the applicant for Family Planning medical assistance because it is anticipated that cooperation will result in reprisal against, and cause physical or emotional harm to, the individual, the Family Planning applicant is considered to have "good cause" for failing to meet the third-party liability requirements. New DFA Form 808FP includes a request for a waiver of cooperating with the third-party liability requirement. If the applicant:

- checks the box on DFA Form 808FP requesting the waiver, and signs the form, do not pursue third-party liability; the applicant has good cause for not complying with this requirement.

- does not check the box on DFA Form 808FP requesting the waiver, pursue third-party liability per current Medicaid policy.

## 8. Payment Policies

### **Reimbursement Policies**

Reimbursement for Family Planning Service Providers for eligible services and supplies shall be based on the type and location of service delivered.

To receive reimbursement for Family Planning Services, the provider shall verify that the member is eligible on the date the service is provided and submit claims for payment to the Department of Health and Human Services, Office of Medicaid Business and Policy-Family Planning, 129 Pleasant Street, Concord, NH 03301 (or Fax to (603) 271-8431). (**Do not** submit claims to the fiscal agent, Xerox).

Federally Qualified Health Centers and Rural Health Centers are reimbursed an encounter rate per visit, one visit per day, at a rate set by the Department. Medications and supplies are not included in this rate and may be billed separately.

All other Family Planning Service Providers will be reimbursed at the Medicaid Fee-for-Service rate.

### **Reimbursement during a Presumptive Eligibility Time Period**

Authorized qualified entities (community outreach providers who have attended DHHS training on presumptive eligibility policy) may make presumptive eligibility (PE) decisions for Family Planning medical assistance. Presumptive eligibility is a process by which a qualified entity (QE) acts on behalf of DHHS and makes an eligibility determination for Family Planning medical assistance using verifications collected from the applicant. This means that PE is determined by the QE worker following an interview with the applicant and based upon documentation collected by the QE from the applicant. In exchange for the QE acting on behalf of DHHS and making a decision that the applicant is eligible for Family Planning medical assistance based on an interview with the client and collected verifications, the QE is guaranteed payment for covered services for a 10-day period. This 10-day period is called the 10-day PE eligibility period. The count begins with the date that the QE determines PE (this is day one), and ends 10 calendar days later. For example, the 10-day PE eligibility period ends on June 15 for an applicant who was determined presumptively eligible on June 6.

### **Sterilizations**

Sterilizations are only reimbursed if the Family Planning Provider completes a sterilization consent form (Attachment 1) properly and in accordance with the timing requirements of 42 CFR 441, Subpart F, and submits such form to the department. The Department cannot make payment for a sterilization claim until this form is received.

## 9. Claims

Family Planning Providers participating in the NH Family Planning Medical Assistance Program are responsible for timely and accurate billing. If NH Medicaid does not pay, due to the billing practices of the provider which result in non-payment, the provider cannot bill the member

This Family Planning Medical Assistance program is a manual process and all CMS 1500 claims should be either faxed or mailed on paper claim forms to the Department of Health and Human Services, Office of Medicaid Business and Policy- Family Planning, 129 Pleasant Street, Concord, NH 03302 (or FAX to (603) 271-8431). DO NOT send claims to the Department's fiscal agent, Xerox. Information submitted on the claim by the provider represents a legal document. State staff cannot alter any data on a submitted claim.

Paid claims cannot be resubmitted; resubmission of a paid claim will result in a denial as a duplicate. Paid claim corrections must be made through the adjustment process. If a paid claim has a line item denial, the individual line charge can be resubmitted.

Corrected claims and denied line items can be resubmitted only if the denial was due to erroneous, updated or missing information which is now corrected. Providers should never resubmit claims that are currently in process (suspended).

Any claim denied for failure to be submitted or resubmitted in accordance with timely filing standards will not be paid. Denied claims that have been corrected must be resubmitted as a new claims transaction on a paper claim.

## Timely Filing

In accordance with federal and state requirements, all providers must submit all initial claims within one year following the earliest date of service on the claim.

Except as noted below, NH Medicaid will **not** pay claims that are **not** submitted within the one-year time frame.

Claims that are beyond the one-year filing limit, that have previously been submitted and denied, must be resubmitted on paper, along with Form 957x, "Override Request" located on the NH MMIS Health Enterprise Portal web site at [www.nhmmis.nh.gov](http://www.nhmmis.nh.gov). This resubmission **must** be received **within 15 months** of the date of service. If this time frame is not met, the claim will be denied. PLEASE DO NOT SUBMIT THE FORM 957X TO THE ADDRESS ON THE FORM. THIS FORM MUST BE SUBMITTED TO: Department of Health and Human Services, Office of Medicaid Business and Policy- Family Planning, 129 Pleasant Street, Concord, NH 03302 (or FAX to 603) 271-8431.

The only other circumstance eligible for consideration under the one-year override process is for claims for NH Family Planning Medical Assistance program covered services for members whose NH Medicaid's Family Planning expanded eligibility determination was delayed. The claim should be submitted as detailed above.

## Diagnosis & Procedure Codes

NH Family Planning Medical Assistance program requires the use of Health Care Financing Administration Common Procedure Coding System (HCPCS) codes, and CPT (Current Procedural Terminology) codes. ICD-9-CM diagnosis codes are also required for all services billed on medical forms (CMS-1500). Claims without the required diagnosis or procedure codes will be denied. Family Planning services must be billed using the appropriate industry-standard diagnosis.

Claims must be coded accurately to represent the primary purpose of the service and/or supply is family planning. In order to accomplish this overall purpose a list of diagnosis and procedure codes is included as part of this billing manual (Attachment 2 and 3). Diagnosis and procedure codes are classified into three distinct categories. Never or Almost Never a Family Planning Service (Category I); Possible a Family Planning Service; (Category II) and Almost or Always a Family Planning Service (Category III). For certain procedures it will be necessary to include the appropriate diagnosis codes to determine if the service/supply is eligible for family planning.<sup>1</sup>

Services and supplies in Column 1(Category III) are always family planning benefits and do not require a V25.XX diagnosis code to be reimbursed. Services and supplies in Column 2 (Category II) may be family planning and must have a V25.XX diagnosis code as the primary purpose of the service in order to be reimbursed. Services with an X in Column 3 are a family planning related service (Attachment 3)

Billing of codes not contained in this list of billing of codes and not following diagnosis code requirements will result in nonpayment.

## Required Claim Attachments

All attachments must be submitted in hardcopy via mail or fax. Providers must submit paper claims and should have the claim attachment behind the claim form.

- **Mail claim and attachments to:**  
Department of Health and Human Services  
Office of Medicaid Business and Policy- Family Planning  
129 Pleasant Street  
Concord, NH 03302
- **Fax claim and attachments to:**  
(603) 271-8431

<sup>1</sup> The Centers for Medicare and Medicaid Services. Center for Medicaid and State Operations. Title XIX Financial Management Review Guide, #20 Family Planning Services. February 2002.

## **Claim Completion Requirements for Family Planning Medical Assistance Program**

Family Planning providers taking part in the Family Planning Medical Assistance Program, Medicaid's expansion are required to submit outpatient claims to NH Office of Medicaid Business and Policy using the CMS1500 paper claim form.

### **Billing Procedures**

This is a manual paper claim process. Paper claims can be mailed or faxed to the address below. Proper coding requirements and timely filing limits apply.

You can prevent delays to your anticipated payment date by following these suggestions:

1. DO use typewritten (BLOCK lettering) print when filling out claim forms; handwritten or script claims can cause delays and errors in processing.
2. DO ensure that your printers are properly aligned and that your print is dark and legible if you are using a printer to create claim forms.
3. DO use only black ink on ALL claims or adjustment that you submit
4. DO make all appropriate corrections prior to re-submitting the claim(s) or adjustment(s).
5. Do include the National Drug Code (NDC ) and quantity with the applicable HCPC code when billing unclassified drug code claims.
6. DO call the NH Office of Medicaid Business and Policy at (603) 271-9419 if you have any questions.
7. Paper claims and other documents can be mailed to or faxed to :

Department of Health and Human Services  
Office of Medicaid Business and Policy- Family Planning  
129 Pleasant Street  
Concord, NH 03302  
Fax number: (603) 271-8431

The CMS claim forms must be both signed and dated on or after the last date of service on the claim. An actual signature or signature stamp is required – typed provider name or signature on file will not be adequate. Please note that anyone authorized by the provider or company is allowed to sign the form based on the company's own policy for authorized signers.

## ATTACHMENT 1

## MEDICAID STERILIZATION CONSENT FORM

**WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAM OF PROJECTS RECEIVING FEDERAL FUNDS. ■ CONSENT TO STERILIZATION ■**

I have asked for and received information about sterilization from \_\_\_\_\_ . When I first asked for the information

(*Doctor or Clinic*)

I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assist and for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible. I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN. I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a

\_\_\_\_\_. The discomforts, risks, and (*Specific Type of Operation*) benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty (30) days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on \_\_\_\_\_

(*Month/Day/Year*)

I, \_\_\_\_\_, hereby consent of my own free will to be sterilized by \_\_\_\_\_ by a method called

(*Doctor or Clinic*)

\_\_\_\_\_. My consent

(*Specific Type of Operation*)

expires 180 days from the date of my signature below. I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Human Services or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed. I have received a copy of this form.

(*Signature*)

Date: \_\_\_\_\_

(*Month/Day/Year*)

You are requested to supply the following information, but it is not required:

**■ STATEMENT OF PERSON OBTAINING CONSENT ■**

Before \_\_\_\_\_ signed the

(*Name of Individual*)

consent form. I explained to him/her the nature of the sterilization operation \_\_\_\_\_, the fact that it is

(*Specify Type of Operation*),

intended to be a final and irreversible procedure and the discomforts, risk, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that serialization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any and that he/she will not lose any health services or any benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

\_\_\_\_\_  
Signature of person obtaining consent      Date

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Address

**■ PHYSICIAN'S STATEMENT ■**

Shortly before I performed a sterilization operation upon

\_\_\_\_\_ on

\_\_\_\_\_  
Name of individual to be sterilized      Date of sterilization

I explained to him/her the nature of the sterilization operation

\_\_\_\_\_, the fact that it is

(*Specify Type of Operation*)

intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is least 21 years old and appears mentally competent.

Race and ethnicity designation (please check)

- ☐ American Indian or Alaska Native ☐ Black (not of Hispanic origin)  
☐ Hispanic ☐ Asian or Pacific Islander ☐ White (not of Hispanic origin)

■ **INTERPRETER'S STATEMENT** ■

If an interpreter is provided to assist the individual to be sterilized:  
 I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in \_\_\_\_\_ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

\_\_\_\_\_  
*(Interpreter's Signature)*

\_\_\_\_\_  
*(Interpreter Date )*

He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs:  
 Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery \_\_\_\_\_  
☐ Individual's expected date of delivery:  
☐ Emergency abdominal surgery:  
 (describe circumstances):

\_\_\_\_\_  
*Physician Date*

\_\_\_\_\_  
*Physician NPI*

**ATTACHMENT 2****V25 Diagnoses**

The following diagnosis codes are required to appear with Category II CPT and HCPCS codes in order for a claim to be considered Family Planning.

<b>Diagnosis Code</b>	<b>Description</b>
V25	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT
V250	GENERAL COUNCILING AND ADVICE
V2501	PRESCRIP-ORAL CONTRACEPT
V2502	INITIATE CONTRACEPT NEC
V2503	ENCOUNTER FOR EMERGENCY CONTRACEPTIVE COUNSELING AND PRESCRIPTION
V2504	COUNSELING AND INSTRUCTION IN NATURAL FAMILY PLANNING TO AVOID PREG
V2509	CONTRACEPTIVE MANGMT NEC
V251	INSERTION OF IUD
V2511	ENCOUNTER FOR INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
V2512	ENCOUNTER FOR REMOVAL OF INTRAUTERINE CONTRACEPTIVE DEVICE
V2513	ENCOUNTER FOR REMOVAL AND REINSERTION OF INTRAUTERINE CONTRACEPTIVE
V252	STERILIZATION
V253	MENSTRUAL EXTRACTION
V254	SURVELLNCE PREV PRES CONTRACPTV MTHD
V2540	CONTRACEPT SURVEILL NOS
V2541	CONTRACEPT PILL SURVEILL
V2542	IUD SURVEILLANCE
V2543	IMPLANTABLE SUBDERMAL CONTRACEPTIVE
V2549	CONTRACEPT SURVEILL NEC
V255	INSERTN OF IMPLANTABLE SUBDERMAL CONTRAC
V258	CONTRACEPTIVE MANGMT NEC
V259	CONTRACEPTIVE MANGMT NOS

**ATTACHMENT 3****Procedure Codes**

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
<b>ICD-9</b>	<b>Sterilization Procedure Codes</b>			
63.70	Male sterilization procedure, not otherwise specified	X		
63.71	Ligation of vas deferens	X		
63.72	Ligation of spermatic cord	X		
63.73	Vasectomy	X		
66.21	Inpatient hospital sterilization - by endoscopy	X		
66.22	Bilateral endoscopic ligation and division of fallopian tubes	X		
66.29	Other bilateral endoscopic destruction or occlusion of fallopian tubes	X		
66.31	Other bilateral ligation and crushing of fallopian tubes	X		
66.32	Other bilateral ligation and division of fallopian tubes - Pomeroy operation	X		
66.39	Other bilateral destruction or occlusion of fallopian tubes - Female sterilization operation not otherwise specified	X		
<b>CPT Codes</b>				
00851	Anesthesia for tubal ligation/transaction	X		
00921	Vasectomy, unilateral or bilateral (anesthesia)	X		
00952	Anesthesia for hysteroscopy and/or hysterosalpingography		X	
10060	Incision and drainage of abscess; simple or single			X

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
10140	Incision and drainage of hematoma, seroma or fluid collection			X
11420	Excision, benign lesion including margins, excised diameter 0.5 cm or less			X
11421	Excision, excised diameter 0.6 to 1.0 cm			X
11976	Removal, implantable contraceptive capsules		X	
11981	Insertion, nonbiodegradable drug delivery implant		X	
11982	Removal, nonbiodegradable drug delivery implant		X	
11983	Removal with reinsertion, non-biodegradable drug delivery implant		X	
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions			X
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions			X
36415	Collection of venous blood by venipuncture		X	
36416	Collection of capillary blood specimen (eg, finger, heel, earstick)		X	
46900	Destruction of lesion(s), anus, simple; chemical			X
46910	Destruction of lesion(s), electrodesiccation			X

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
46916	Destruction of lesion(s), cryosurgery			X
46922	Destruction of lesion(s), surgical excision			X
46924	Destruction of lesion(s), anus, extensive			X
54050	Destruction of lesion(s), penis (eg condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical			X
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination (s)	X		
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	X		
56405	Incision and drainage of vulva or perineal abscess			X
56420	Incision and drainage of Bartholin's gland abscess			X
56501	Destruction of lesion(s), vulva; simple			X
57061	Destruction of vaginal lesion(s); simple			X
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease			X
57170	Fitting of diaphragm or cervical cap	X		
57505	Endocervical curettage (not done as part of a dilation and curettage)			X
57510	Cautery of cervix; electro or thermal			X
57511	Cautery of cervix; cryocautery, initial or repeat			X
57800	Dilation of cervical canal; instrumental (separate procedure)		X	
58300	Insertion of intrauterine device (IUD)	X		
58301	Removal of intrauterine device (IUD)	X		

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
58340	Catherization and introduction of saline or contrast material for saline infusion sonohysterography or hysterosalpingography (implant post-procedure confirmatory test)		X	
58565	Hysteroscopy, with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	X		
58600	Ligation or transection of fallopian tubes	X		
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization	X		
58611	Ligation or transection of fallopian tubes	X		
58615	Occlusion of fallopian tubes by device	X		
58670	Laparoscopy, surgical; w/ fulguration of oviducts by device (with or without transection)	X		
58671	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, etc.)	X		
62311	Injection, single, not including neurolytic substances, . . . lumbar, sacral (caudal)		X	
62319	Injection, including catheter placement, . . . Lumbar, sacral (caudal)		X	
64435	Injection, anesthetic agent paracervical (uterine) nerve		X	
72190	Radiologic examination, pelvis, complete, minimum 3 views		X	
74000	Radiologic examination, abdomen; single anteroposterior view		X	
74010	Radiologic examination, abdomen, anteroposterior and additional oblique and cone views		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
74740	Hysterosalpinography radiological supervision and interpretation		X	
76830	Ultrasound transvaginal		X	
76831	Echo exam uterus		X	
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete		X	
76857	Ultrasound pelvic (nonobstetric), real time with image documentation, limited or follow-up (eg, for follicles)		X	
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method		X	
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton		X	
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton		X	
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton		X	
77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment		X	
80047	Basic metabolic panel (calcium, ionize)		X	
80048	Basic metabolic panel (CLIA panel proc)		X	
80050	General health panel		X	
80051	Electrolyte panel (CLIA panel proc)		X	
80053	Comprehensive Metabolic Panel		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
80061	Lipid panel (refer to CPT for complete description) (CLIA waiver list and panel procedure)		X	
80069	Renal Function Panel		X	
80074	Acute hepatitis panel		X	
80076	Hepatic function panel		X	
80100	Drug screen multiple drug classes each procedure		X	
80101	Drug screen; single drug class each drug class (CLIA waiver list)		X	
80102	Drug confirmation each procedure		X	
81000	Urinalysis by dipstick/ tablet reagent; non-automated with microscopy		X	
81001	Urinalysis etc. automated with microscopy		X	
81002	Urinalysis by dip stick/tablet reagent; non-automated without microscopy (CLIA waiver list)		X	
81003	Urinalysis by dip/tablet; automated without microscopy		X	
81005	Urinalysis; qualitative or semiquantitative except immunoassays		X	
81007	Urine Screen for Bacteria		X	
81015	Urinalysis microscopic only (PPMP CLIA list)		X	
81020	Urinalysis; 2 or 3 Glass test (PPMP CLIA list)		X	
81025	Urine pregnancy test by visual color comparison methods (CLIA waiver list)		X	
82040	Albumin serum		X	
82042	Albumin; urine quantitative		X	
82043	Albumin; urine microalbumin quantitative		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
82120	Amines vaginal fluid qualitative		X	
82150	Amylase		X	
82247	Bilirubin Total		X	
82310	Calcium; total		X	
82330	Calcium; ionized		X	
82435	Choloride; blood		X	
82465	Cholesterol serum total (CLIA waiver list)		X	
82550	Creatine kinkase (cpk); total		X	
82552	Assay of CPK in Blood		X	
82565	Creatinine; blood		X	
82570	Creatinine; other source		X	
82575	Creatinine clearance		X	
82607	Cyanocobalamin (vitamin B-12)		X	
82670	Estradiol		X	
82671	Estrogens fractionated		X	
82672	Estrogens total		X	
82677	Estriol		X	
82679	Estrone		X	
82728	Ferritin		X	
82746	Folic acid; serum		X	
82947	Glucose; quantitative (CLIA waiver list)		X	
82948	Glucose; blood reagent strip		X	
82950	Glucose post glucose dose (includes glucose)		X	
82962	Glucose blood by glucose monitoring device(s) cleared/ FDA specifically/ home use		X	
83001	Gonadotropin follicle stimulating hormone (FSH)		X	
83002	Gonadotropin luteinizing hormone (LH)		X	
83690	Lipase		X	
83896	Nuclear molecular diagnostics; nucleic acid probe each		X	
84075	Phosphatase alkaline		X	
84132	Assay for Serum Potassium		X	
84144	Progesterone		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
84146	Prolactin		X	
84155	Assay of Protein Serum		X	
84157	Assay of Protein Urine		X	
84207	Assay of Vitamin B-6		X	
84233	Assay of Estrogen		X	
84234	Assay of Progesterone		X	
84252	Assay of Vitamin B-2		X	
84295	Assay of Sodium, Serum, Plasma, Whole Blood		X	
84402	Assay of Testosterone			
84425	Thiamine (Vitamin B-1)		X	
84443	Thyroid stimulating hormone (TSH)		X	
84520	Urea Nitrogen; Quantitative		X	
84550	Uric acid; blood		X	
84702	Gonadotropin chorionic (HCG); Quantitative		X	
84703	Gonadotropin chorionic qualitative (CLIA waiver list)		X	
85004	Blood count; automated differential WBC count		X	
85007	Blood smear, microscopic examination with manual differential WBC count		X	
85008	Blood smear, microscopic examination without manual differential WBC count		X	
85009	Manual differentail WBC count, buffy coat		X	
85013	Blood count; spun microhematocrit (CLIA waiver list)		X	
85014	Hematocrit		X	
85018	Hemoglobin		X	
85025	Complete CBC with auto diff WBC		X	
85027	Complete CBC automated		X	
85032	Manual cell count each		X	
85041	Automated RBC count			
85045	Automated reticulocyte count		X	
85048	Automated Leukocyte Count		X	

85049	Automated Platelet Count		X	
<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
85060	Blood Smear Interpretation		X	
85610	Prothrombin Time (CLIA Waiver List)		X	
85652	Sedimentation rate erythrocyte; automated		X	
85730	Thromboplastin time partial (PTT) plasma or whole blood		X	
86255	Fluorescent noninfections agent antibody; screen each antibody		X	
86318	Immunoassay/infecti agent antibody quali/semiquant single step method		X	
86382	Neutralization test viral		X	
86403	Particle agglutination; screen each antibody		X	
86580	Skin test tuberculosis intradermal (exempt from CLIA editing)		X	
86592	Syphilis test qualitative (EG VDRL RPR ART)		X	
86593	Syphilis test quantitative		X	
86628	Antibody; candida		X	
86631	Antibody; chlamydia		X	
86632	Antibody; chlamydia IGM		X	
86687	Antibody; HTLV I		X	
86688	Antibody; HTLV-II		X	
86689	Antibody; HTLV OR HIV antibody confirmatory test (EG western blot)		X	
86694	Antibody; herpes simplex non-specific type test		X	
86695	Antibody; herpes simplex type 1		X	
86696	Herpes simplex type 2		X	
86698	Antibody histoplasma		X	
86701	Antibody HIV 1		X	
86702	Antibody; HIV 2		X	
86703	Antibody; HIV-1 and HIV-2 single assay		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
86704	Hepatitis B Core antibody (HbcAB)		X	
86705	IgM antibody		X	
86706	Hepatitis B surface antibody (HBSAB)		X	
86707	Hepatitis BE antibody (HBEAB)		X	
86762	Antibody; Rubella		X	
86781	Antibody; treponema pallidum confirmatory test		X	
86787	Antibody; varicella-zoster		X	
86803	Hepatitis C antibody		X	
86804	Hep C Ab Test		X	
86900	Blood typing; ABO		X	
86901	Blood typing; RH(D)		X	
86904	Blood Typing Patient Serum		X	
86905	blood Typing RBC Antigens		X	
87015	Concentration (any type) for parasites OVA or tubercle bacillus (TB AFB)		X	
87040	Blood culture for bacteria		X	
87070	Culture bacteria other		X	
87071	Culture bacteria; quantitative aerobic with isolation & presumptive identification of isolates		X	
87073	Culture bacterial; quantitative anerobic with isolation & presumptive identification of isolates		X	
87075	Culture bacteria except blood		X	
87076	Culture bacterial any source definitive identification each anaerobic organism		X	
87077	Culture bacterial; aerobic isolate additional methods required for definitive identification		X	
87081	Culture bacterial screening only for single organisms		X	
87086	Culture bacterial urine quantitative colony count		X	
87088	Urine bacteria culture		X	
87102	Culture fungi isolation other source (except blood)		X	
87110	Culture chlamydia		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
87147	Culture typing serologic method agglutination grouping per antiserum		X	
87164	Dark field examination any source (e.g. penile, vaginal, oral, skin)		X	
87184	Sensitivity studies antibiotic disk method per plate (12 or less disks)		X	
87186	Sensitivity studies antibiotic microtiter minimum inhibitory concentration (MIC)		X	
87205	Smear primary source with interpretation routine stain		X	
87206	Smear primary source with interpretation fluorescent and/or acid fast stain for bacteria fungi		X	
87207	Smear special stain		X	
87210	Smear primary source with interpretation wet mount with simple stain		X	
87220	Tissue examination for fungi (EG koh slide)		X	
87252	Virus identification; tissue culture inoculation and observation		X	
87253	Tissue culture additional studies or definitive identification each isolate		X	
87254	Centrifuge enhanced technique, includes identification with immunofluorescence stain, each virus		X	
87270	Infectious agent antigen detection by direct fluorescent antibody tech; chlamydia trachomatis		X	
87273	Infectious agent antigen detection by fluorescent antibody; herpes simplex virus type 2		X	
87274	Infectious agent antigen detection by direct fluorescent antibody tech; hepes simplex virus		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
87320	Infectious agent antigen detection, chlamydia trachomatis		X	
87340	Hepatitis B surface antigen		X	
87350	Herpes simplex type 2		X	
87390	HIV-1		X	
87391	HIV-2		X	
87470	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique		X	
87480	Candida species direct probe technique		X	
87481	Candida species amplified probe technique		X	
87485	Chlamydia pneumoniae direct probe technique		X	
87486	Chlamydia pneumoniae amplified probe technique		X	
87490	Chlamydia trachomatis direct probe technique		X	
87491	Chlamydia trachomatis amplified probe technique		X	
87495	Cytomegalovirus direct probe technique		X	
87496	Cytomegalovirus amplified probe technique		X	
87497	Cytomegalovirus quantification		X	
87510	Gardnerella vaginalis direct probe technique		X	
87511	Gardnerella vaginalis amplified probe technique		X	
87528	Herpes simplex virus direct probe technique		X	
87529	Herpes simplex virus amplified probe technique		X	
87530	Herpes simplex virus quantification		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
87531	Herpes virus-6 direct probe technique		X	
87532	Herpes virus-6 amplified probe technique		X	
87533	Herpes virus-6 quantification		X	
87534	HIV-1 direct probe technique		X	
87535	HIV-1 amplified probe technique		X	
87536	HIV-1 quantification		X	
87537	HIV-2 direct probe technique		X	
87538	HIV-2 amplified probe technique		X	
87590	Neisseria gonorrhoeae direct probe technique		X	
87591	Neisseria gonorrhoeae amplified probe technique		X	
87620	Papillomavirus human direct probe technique		X	
87621	Papillomavirus human amplified probe technique		X	
87660	Trichomonas vagin dir probe		X	
87797	Not otherwise specified direct probe technique		X	
87800	Infect agt detection by nucleic acid multiple organisms; direct probe technique		X	
87801	Infect agt detection by nucleic acid and multiple organisms; amplified probe technique		X	
87810	Infectious agt detection by immunoassy with direct optical observation; chlamydia trachomatis		X	
87850	Infectious agt detection by immunoassy with direct optical observation; neisseria gonorrhoeae		X	
88108	Cytopathology concentration technique smears and interpretation (eg saccomanno technique)		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
88141	Cytopathology cervical or vaginal		X	
88142	Cytopathology cervical or vaginal, thin layer preparation; manual screening under physician supervision		X	
88143	Cytopathology cervical or vaginal, with manual screening and rescreening		X	
88147	Cytopathology smears cervical or vaginal; screening by automated system under physician supervision		X	
88148	Cytopathology smears cervical or vaginal; screening by automated system with manual rescreening		X	
88150	Cytopathology slides cervical or vaginal; manual screening under physical supervision		X	
88152	Cytopathology slide cervical or vaginal; with manual & computer-assisted rescreening under physician supervision		X	
88153	Cytopathology slides cervical or vaginal, with manual screening and rescreening under physician supervision		X	
88154	Cytopathology slides cervical or vaginal; with manual screenings and computer-assisted rescreening		X	
88155	Cytopathology slide cervical or vaginal definitive hormonal evaluation		X	
88160	Cytopathology smears any other source; screening and interpretation		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
88161	Cytopathology smears any other source; preparation screening and interpretation		X	
88162	Cytopathology smears any other source; extended study involving over 5 slides and/or multiple stains		X	
88164	Cytopathology slides cervical or vaginal (the Bethesda system)		X	
88165	Cytopathology slides cervical or vaginal (the Bethesda system); under physician's supervision		X	
88166	Cytopathology slides cervical or vaginal (the Bethesda system); with manual screenings and computer-assisted rescreening		X	
88167	Cytopathology slides cervical or vaginal (the Bethesda system); with manual screening and computer-assisted rescreening using cell selection		X	
88172	Evaluation of fine needle aspirate w/ or w/o preparation of smears; immediate cytohistologic study		X	
88173	Evaluation of fine needle aspirate with or without preparation of smears; interpretation and report		X	
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
88175	Cytopath c/v automated thin layer preparation, with screening by automated system and manual rescreening or review, under physician supervision		X	
88300	Level I - surgical pathology, gross examination only			X
88302	Level II - surgical pathology, gross and microscopic examination			X
88305	Level IV - surgical pathology, gross and microscopic examination			X
88307	Level V - surgical pathology, gross and microscopic examination			X
90649	HPV Vaccine 4 valent IM			X
90650	HPV Vaccine 2 valent IM			X
96372	Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular		X	
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory		X	
99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory		X	
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service		X	
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service		X	
99070	Supplies and materials provided by the physician over and above those usually included with the office visit or other services rendered		X	
99144	Moderate sedation services provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, age 5 years or older, first 30 minutes intra-service time		X	
99201	New patient or established patient - office or other outpatient visit		X	
99202	NEW PT OFFICE-OUTPT VISIT LEVEL 2		X	
99203	NEW PT OFFICE-OUTPT VISIT LEVEL 3		X	
99204	NEW PT OFFICE-OUTPT VISIT LEVEL 4		X	
99205	NEW PT OFFICE-OUTPT VISIT LEVEL 5		X	
99211	New patient or established patient - office or other outpatient visit		X	
99212	ESTAB PT OFFICE VISIT LEVEL 2		X	
99213	ESTAB PT OFFICE VISIT LEVEL 3		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
99214	ESTAB PT OFFICE VISIT LEVEL 4		X	
99215	ESTAB PT OFFICE VISIT LEVEL 5		X	
99221	INPATIENT HOSPITAL CARE		X	
99222	INITIAL INPT HOSPT CARE LEVEL 2		X	X
99223	INITIAL INPT HOSPT CARE LEVEL 3		X	
99231	SUBSEQUENT HOSPT CARE LEVEL 1			X
99233	INITIAL INPT HOSPT CARE LEVEL 3			X
99238	Hospital discharge day management, 30 minutes or less		X	
99239	Hospital discharge day management, more than 30 minutes		X	
99241	Office consultation for new or established patient		X	
99242	OFFICE CONSULT		X	
99243	OFFICE CONSULTATION - LEVEL 2		X	
99244	OFFICE CONSULTATION - LEVEL 3		X	
99245	OFFICE CONSULTATION - LEVEL 4		X	
99251	INPATIENT CONSULT		X	
99252	INPATIENT CONSULT		X	
99253	INPATIENT CONSULT		X	
99254	INPATIENT CONSULT		X	
99255	INPATIENT CONSULT		X	
99383	Preventative medicine services/ new patient		X	
99384	Prev visit new age 12-17		X	
99385	Prev visit new age 18-39		X	
99386	Prev visit new age 40-64		X	

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
99393	Preventative medicine services/ established patient		X	
99394	Prev visit est age 12-17		X	
99395	Prev visit est age 18-39		X	
99396	Prev visit est age 40-64		X	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual		X	
99402	PREVENTIVE MEDICINE COUNSELING 30 min		X	
99403	PREVENTIVE MEDICINE COUNSELING 45 min		X	
99404	PREVENTIVE MEDICINE COUNSELING 60 min		X	
99411	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting, approximately 30 minutes		X	
99412	Preventative medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting, approximately 60 minutes		X	
99420	Administration and interpretation of health risk assessment instrument		X	
<b>HCPCS</b>				
A4261	Cervical cap for contraceptive use	X		
A4264	Permanent implantable contraceptive intratubal occlusion device (s) and delivery system	X		
A4266	Diaphragm	X		
A4267	Condoms	X		

<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
A4268	Contraceptive supply, condom, female	X		
A4269	Contraceptive supply, spermicide (e.g., foam, gel)	X		
A4550	Surgical trays		X	
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code		X	
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination		X	
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision		X	
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening requiring interpretation by physician		X	
J0456	Injection, azithromycin, 500 mg			X
J0580	Injection, penicillin G benzathine, up to 4,400,000 units			X
J0690	Injection, cefazolin sodium, 500 mg			X
J0694	Injection, cefoxitin sodium, 1 g			X
J0696	Injection, ceftriaxone sodium, per 250 g			X
J0697	Injection, sterile cefuroxime sodium, per 750 mg			X
J0698	Cefotaxime sodium, per g			X
J0710	Injection, cephalixin sodium, up to 1 g			X

ICD-9-CM, HCPCS, CPT Code, or Drug Class	Description	Always Family Planning Cat III	Family Planning with V25 Diag Code Cat II	Family Planning Related Service Cat I
J1050	Injection, medroxyprogesterone acetate, 1mg		X	
J1885	Injection, ketorolac tromethamine, per 15 mg			X
J1890	Injection, cephalothin sodium, up to 1 g			X
J2460	Injection, oxytetracycline HCl, up to 50 mg			X
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units			X
J2540	Injection, penicillin G potassium, up to 600,000 units			X
J3320	Injection, spectinomycin dihydrochloride, up to 2 g			X
J3490	Unclassified drugs (used to indicate Sub Q Depo) <b>NDC Required</b>			
J7300	Intrauterine copper contraceptive			
J7302	Levonorgestrel-releasing intrauterine contraceptive system	X		
J7303	Contraceptive vaginal ring	X		
J7304	Contraceptive hormone ring	X		
J7306	Levonorgestrel implant	X		
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	X		
P3000	Screening Papanicolaou smear, cervical or vaginal, up to 3 smears, by technician under physician supervision		X	
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory		X	
Q0111	Wet mounts, including preparations of vaginal, cervical, or skin specimens		X	
Q0112	All potassium hydroxide (KOH) preparations		X	

S0610	Annual gynecological examination; new patient		X	
<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>	<b>Family Planning with V25 Diag Code Cat II</b>	<b>Family Planning Related Service Cat I</b>
S0612	Annual gynecological examination, established patient		X	
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	X		
S4993	Contraceptive pills for birth control	X		
T1015	Clinic visit/ encounter all-inclusive		X	
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter		X	
	<b>Drug Therapeutic Class Codes</b>			
G2A	Progestational agents	X		
G8A	Contraceptives, oral	X		
G8B	Contraceptives, implantable	X		
G8C	Contraceptives, injectable	X		
G8F	Contraceptives, transdermal	X		
G9B	Contraceptives, intravaginal	X		
L5A	Keratolytics			X
Q4F	Vaginal antifungals			X
Q4W	Vaginal antibiotics			X
Q5R	Topical antiparasitics			X
Q5V	Topical antivirals			X
Q6V	Eye antivirals			X
R1R	Uricosuric agents			X
W1A	Penicillins			X
W1B	Cephalosporins			X
W1C	Tetracyclines			X
W1D	Macrolides			X
W1F	Aminoglycosides			X
W1K	Lincosamides			X
W1P	Betalactams			X
W1Q	Quinolones			X

W1Y	Cephalosporins 3rd generation		<b>Family Planning with V25 Diag Code Cat II</b>	X
W2A	Absorbable sulfonamides			X
<b>ICD-9-CM, HCPCS, CPT Code, or Drug Class</b>	<b>Description</b>	<b>Always Family Planning Cat III</b>		<b>Family Planning Related Service Cat I</b>
W3B	Antifungal agents			X
W3C	Antifungal agents (continued)			X
W4E	Anaerobic antiprotozoal - antibacterial agents			X
W5A	Antiviral, general			X
W7B	Viral/ tumorigenic vaccines			X
WG4	2nd gen. Anaerobic antiprotozoal - antibacterial			X
X1B	Diaphragms/ cervical cap	X		
X1C	Intra-uterine devices	X		
Z2G	Immunomodulators			X